

IN THE CIRCUIT COURT OF _____, MISSOURI
(County where court is located. City of St. Louis is considered a county.)

In re:

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Petitioner (Enter Child's full legal name above)

Case Number _____
(Use number on Petition)

Division Number _____
(Use number on Petition)

Consent to Minor Child's Change of Name

Your Information (You are the "Respondent" in this case)

1. My full legal name is:

(First Name) (Middle Name) (Maiden Name - if applicable) (Last Name) (Jr./Sr./III)

2. Check one of the two boxes.

I am the mother of the child.

I am the father of the child.

3. My mailing address is:

(Street)

(City) (State) (Zip)

()

(Telephone Number with Area Code) (E-mail Address - Optional)

4. The other parent's (father or mother) full legal name and mailing address are:

(First Name) (Middle Name) (Maiden Name - if applicable) (Last Name) (Jr./Sr./III)

(Street)

(City) (State) (Zip)

()

(Telephone Number with Area Code) (E-mail Address - Optional)

I Wish to Inform the Court That

I consent to the court ordering the change of my child's name as requested in the *Petition for Change of Name by Parent (For Minor Child)* as listed below:

5. The child's full legal name is:

_____ (First Name) _____ (Middle Name) _____ (Last Name) _____ (Jr./Sr./III)

6. The child wants to change his or her name to:

_____ (First Name) _____ (Middle Name) _____ (Last Name) _____ (Jr./Sr./III)

Proof of Service on Other Parties

You **must** send (serve) a copy of this document to each of any other parties, or his or her attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, under oath that on _____ (date) I have sent/given a copy of this *Consent to Minor Child's Change of Name* to each of the following parties at the address shown:

Name	Address: U.S. mail/e-mail/fax number

Sign Below in the Presence of a Notary Public

Respondent, of lawful age, being duly sworn on his or her oath, states that he or she is the Respondent named above and that the facts stated in *Consent to Minor Child's Change of Name* are true according to his or her best knowledge, information and belief.

(Sign above in the presence of a Notary Public) (Print your name above)

The following information must be completed by a notary public.

STATE OF _____)
) SS
COUNTY OF _____)

On this _____ day of _____, 20_____, before me personally appeared, _____, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

_____, Notary Public
_____ County, State of Missouri

My commission expires: _____

Attorney Information

This information may be completed by your attorney. Do not enter any information here if you are filing this case without the assistance of an attorney.

I have assisted the party(s) in the preparation of these pleadings, but I am not entering my appearance on behalf of party(s).

(Attorney - Sign above) (Missouri Bar Number)

(Attorney - Print your name above)

(Street)

(City) (State) (Zip)

() () _____
(Telephone Number with Area Code) (Fax Number with Area Code) (E-mail Address - Optional)